

RECEIVED
CENTRAL FAX CENTER
NOV 18 2004

U.S. Patent and Trademark Office

Fax: 703 872 9306

In Re Application of: Martti Johannes Sannikka

US Application Number: 10/685,598

For: Container For Urine

Group Art Unit: 3643

Examiner: Andrea M. Valenti

November 18, 2004

Dear Sirs,

Reply to Notice of Non-Compliance

Attached please find:

- A fresh Change of Address Form SB/122 < NOW SIGNED
- ~~Complying amendments~~
- ~~Fees for 1 month Extension of Time~~

It is requested that the extension fees be waived as the USPTO was provided with forms for the change of address pertaining to my customer number many months ago and we received the Notice of Non-Compliance only a week ago, it having been delayed by being sent to the old address. A confirmation copy of this fax is being sent by mail.

Regards,


Michael Molins

Reg. No. 31,785

Customer No. 33372

BEST AVAILABLE COPY

PTO/SB/122 (09-04)

Approved for use through 07/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/885,598
Filing Date	10/16/2003
First Named Inventor	Martti Johannes Sannikka
Art Unit	3843
Examiner Name	Andrea M. Valent
Attorney Docket Number	SAN0003U

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

33372

OR

☐ Firm or
Individual Name

Address Suite 5, Level 6, 139 Macquarie St.

City Sydney

State NSW

Zip 2000

Country Australia

Telephone (612) 8252 7800

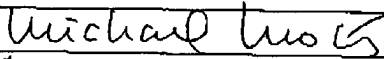
Fax (612) 8252 7810

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 31785
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Michael Molins

Date 18 November 2004

Telephone 61 2 8252 7800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.